

# MotherFirst Maternal Mental Health Strategy in Saskatchewan

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**UNIVERSITY OF  
SASKATCHEWAN**

**Triggers...**

# **World Health Organization**

## **2020**

- depression will be 2<sup>nd</sup> greatest cause of premature death and disability worldwide

## **Already**

- #1 cause of disease burden in women
- childbearing women most at risk, up to 50% of immigrant women #1 obstetrical complication

## **Maternal deaths**

- 10% suicide  
#1 cause of death

# Perinatal Mood and Anxiety Disorders (PMAD)

- **Pregnancy and 1 year postpartum**
  - **Depression**
  - **Anxiety**
    - **Obsessive Compulsive Disorder (OCD)**
    - **Post Traumatic Stress Disorder (PTSD)**
  - **Bipolar**
  - **Psychosis**
  - **Pinks and Baby Blues**
    - **not disorders, but may indicate vulnerability**

# *Why do we care?*

*“What a mother  
feels and  
hears... that  
child feels and  
hears”*

*Elder Marie Favel*



## DON'T LISTEN TO "OLD WIVES' TALES"

No shock can mark an unborn baby.  
No horrible sight can deform him.

BUT

WORRY, FEAR and ANGER  
may affect his mother's blood,  
which supplies his food.

THEREFORE

she should be CALM, HAPPY  
and SWEET-TEMPERED.

**Associated with**

- **Medical and obstetrical complications in the mother**
- **Fetal and newborn health**
- **Breastfeeding**
- **Ongoing developmental, behavioural, cognitive effects on the child**
- **Longterm health issues for mother and child**

**Our studies confirmed the prevalence and longitudinal importance of antenatal depression**

# **MotherFirst**

## **Maternal Mental Health Strategy:**

**2 initiatives to improve maternal mental health**

- 1. Increase awareness in Saskatchewan**
- 2. Building capacity in Saskatchewan**



**2010**





# RECOMMENDATION #1

## *Education - Increase awareness*

- **Materials available**
  - ***preventioninstitute.sk.ca***
  - ***skmaternalmentalhealth.ca***
  - **curriculum of health professionals, schools**
- **TV Loops**
- **Healthline 811**
- **Saskatchewan Drug Information Services**
  - **1-800-665-DRUG (3784)**
- **Media**

**1 in 5 women in Saskatchewan experience depression during or after pregnancy.**

# Are you enjoying pregnancy or being the mother of a new baby?

If you answered **"No"** to this question, you might be depressed.

Having several of the following symptoms for more than two weeks could mean you are depressed ...

- Less interest in things you usually like
- Crying for no reason
- Irritable, angry, or more sensitive
- More tired or hyper
- Not sleeping or sleeping too much
- Problems concentrating
- Not able to cope
- Anxious or panicked
- Thoughts of harming yourself, your baby, or others

If you think you might be depressed, talk to someone, ask for help.

#### Contact:

- A health care professional - your doctor, nurse, or midwife
- Healthline: 1-877-800-0002

Depression is **treatable** and **there is help!**

[www.skmaternalmentalhealth.ca](http://www.skmaternalmentalhealth.ca)

**1 in 5 women in Saskatchewan experience depression during pregnancy (antenatal depression) or after pregnancy (postpartum depression).**

## Are you enjoying pregnancy or being the mother of a new baby?

If you answered **"no"** to this question, you might be depressed.

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## Taking Care of You

- Be kind to yourself
- Ask for and accept help with baby and housework
- Keep active ... go for a walk
- Get enough sleep - at least 6 hours in a 24 hour period
- Eat healthy and regularly
- Avoid alcohol, tobacco, and other drugs
- Take medications as prescribed
- Try yoga or other activities to help you relax
- Look for a support group or other supports in your community
- Talk to a health care provider

**Partners, family, and friends, you can also help ...**

- Listen to her and support her feelings
- Ask her how you can help
- Encourage her to seek professional help
- Develop a relationship with your baby
- Educate yourself about maternal mental health

**Partners can also experience depression ... it is important that they also get the support they need.**

For more information, visit the following websites:

Saskatchewan Maternal Mental Health  
[www.skmaternalmentalhealth.ca](http://www.skmaternalmentalhealth.ca)

Best Start Resource Centre  
[www.lifewithnewbaby.ca](http://www.lifewithnewbaby.ca)

For information about medication use in pregnancy and while breastfeeding:  
Saskatchewan Drug Information Services  
1-800-655-DRUG (3784)

# Guidelines

- **RNAO Best Practice Guidelines—  
Perinatal Depression**
- **Family Centred Maternity and Newborn Care Guidelines-Health Canada**
- **SOGC and CPA—Joint statement**

# RECOMMENDATION #2

**Universal Screening** - *normalize – “we care about all aspects of your health – physical and mental”*

## **Edinburgh Postnatal Depression Scale**

*>=12 probable major depression*

*9-11 probable minor depression*

- **2 times in Pregnancy**
  - 1st visit and @ 28-34 weeks gestation
- **3 times in Postpartum**
  - prior to discharge from early visit program (2-3 weeks)
  - within public health and immunization visits 2 months (4 if not @ 2) and 6 months

# Screening

- **change.org petition**
  - Presented to MoH 2016
- **Prenatal *'perinatal'* form**
  - EPDS
    - WAST, TACE
  - Eform
- **Child Health Checks - public health nurses**
  - 2 and 6 months and whenever else they feel warranted



# Maternal Mental Health



## EPDS SCREENING & CARE GUIDE

### EPDS SCORE <10= UNLIKELY TO BE DEPRESSED

Confirm absence of depression/anxiety, or harm thoughts

#### Promote Positive Mental Health:

- Nurture emotional, mental, physical, and spiritual health
- Promote confidence

#### Encourage her to:

- Find joy and relaxation in life
- Exercise 20-30 min. each day
- Sleep 6 hrs in 24
- Eat healthy and regularly, drink plenty of fluids
- Avoid alcohol, tobacco, drugs
- Reach out for support and join mothers' groups

### QUESTIONS 3, 4, 5 SCORE >4= PROBABLE ANXIETY

Confirm score and ask about harm thoughts

#### Promote Positive Mental Health:

- Encourage relaxation
- Discuss any concerns
- Offer referral and share concerns with health care team
  - Mental Health
  - Community supports
  - Family Dr/Nurse
  - Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

### EPDS SCORE 10-11= POSSIBLE DEPRESSION

Confirm score and ask about harm thoughts

#### Promote Positive Mental Health:

- Discuss any concerns
- Offer referral and share concerns with health care team
  - Mental Health
  - Community supports
  - Family Dr/ Nurse Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

### EPDS SCORE ≥12= PROBABLE DEPRESSION

Confirm score and ask about harm thoughts

#### Take Action:

- Offer Referral to a Family Doctor or Nurse Practitioner to initiate Medical Management (see below) also
- Share concerns with health care team
- Encourage family involvement
- Promote Positive Mental Health
- Increase contact – visits

Offer EPDS to partner to screen for depression

### POSITIVE QUESTION 10 = POTENTIAL HARM

Assess harm intentions and for psychosis

#### Assess Harm Intention:

- Has she had previous harm attempts or harmful behaviours?
- Does she have a plan to harm self or others (baby, children)?

#### Assess for Psychosis

1. Is she seeing or hearing things that aren't there?
2. Is she having strange experiences/sensations
3. Are her speech or thoughts disorganized?
4. Are things that she describes realistic or not?

#### If concerned about harm or psychosis:

- Do not leave alone
- Notify next of kin and if woman agrees, family/friends

#### Contact or take to:

- Family Doctor, Crisis services, and/or Emergency room

#### Arrange for emergency medical assessment:

- Share situation with health care team and child services if necessary

### MEDICAL MANAGEMENT

- Assess mental health: e.g. depression, anxiety, anger, psychosis, racing, intrusive or harm thoughts, substance use, stressors, and supports
- Assess perinatal health: e.g. hypertension, fetal wellbeing, breastfeeding
- Assess physical health: e.g. sleep, appetite, nausea & vomiting, activity levels. Ensure thyroid and hemoglobin levels are within normal range
- Maintain existing effective psychotropic medications: plan medication changes 3 months before pregnancy to ensure mood stability
- Consider medication: especially if EPDS score remains high and there is a history of psychiatric problems or with treatment. If you have any questions about specific medications – call Saskatchewan Drug Information Services 1-800-655-DRUG (3784) or (306) 966-6340
- Use adequate dose of medication to manage symptoms: may need to increase dose as pregnancy progresses.
- Assess for bipolar disorder before ordering an antidepressant
- If mood-stabilizing medication is used: increase Folic Acid to 5 mg.

### LOCAL COMMUNITY SUPPORTS

Mental Health Phone \_\_\_\_\_

Public Health Phone \_\_\_\_\_

Maternal-Home Visiting Programs:  
(KidsFirst, Canada Prenatal Nutrition Program (CPNP), Parent Mentoring, Maternal Child Health)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Intensive & Critical Care Nursing

Healthline: 1-877-800-0002

Available for everyone 24hrs/day

Saskatchewan Drug Information Services



Endorsed for use by:

# EPDS SCREENING & CARE GUIDE

OFFER all pregnant women the Maternal Mental Health print materials.

Download or order screening and print materials from the Saskatchewan Prevention Institute at [www.preventioninstitute.sk.ca](http://www.preventioninstitute.sk.ca)

**Maternal Depression** - which includes Antenatal Depression (AD) and Postpartum Depression (PPD) and **Maternal Anxiety** affect 1 in 5 women. There are potential effects to the whole family, as 10% of partners experience depression and anxiety, more if the mother is depressed. Parental mental health issues can affect child health and development. Treating anxiety may help to prevent depression.

Signs of anxiety and depression include:

- |                             |                                      |                      |                                |
|-----------------------------|--------------------------------------|----------------------|--------------------------------|
| - Irritability or anger     | - Excessive worry and guilt          | - Inability to relax | - Hypervigilance               |
| - Sleep problems            | - Sadness                            | - Panic attacks      | - Repetitive thoughts          |
| - Lack of bonding with baby | - Crying                             | - Fearfulness        | - Obsessive intrusive thoughts |
| - Indecisiveness            | - Thoughts of harm to self or others |                      |                                |

**UNIVERSAL SCREENING** is a quick and easy way to determine women at risk as well as helping to reduce stigma of mental health problems. The Edinburgh Postnatal Depression Scale – EPDS – can be done in-person or over the phone. The EPDS is also valid for use with partners.

**MINIMAL TIMES TO SCREEN**

**Pregnancy**

- 1<sup>st</sup> prenatal visit and at 28-34 weeks gestation

**Postpartum**

- 2-3 weeks postpartum and at 2 month (or 4 if not done at 2) and 6 month well child visits

*Or as deemed necessary by the practitioner*

## EPDS Screen

- |   |  |   |  |   |
|---|--|---|--|---|
| Anxiety Subscale  | 1. I have been able to laugh and see the funny side of things: |   | 6. Things have been getting on top of me:                      |   |
|   | As much as I always could                                      | 0   | Yes, most of the time I haven't been able to cope at all       | 3 |
|   | Not quite so much now  | 1   | Yes, sometimes I haven't been coping as well as usual          | 2 |
|   | Definitely not so much now                                     | 2   | No, most of the time I have coped quite well                   | 1 |
|   | Not at all   | 3   | No, I have been coping as well as ever                         | 0 |
|   | 2. I have looked forward with enjoyment to things:             |   | 7. I have been so unhappy that I have had difficulty sleeping: |   |
|   | As much as I ever did  | 0   | Yes, most of the time  | 3 |
|   | Rather less than I used to                                     | 1   | Yes, sometimes   | 2 |
|   | Definitely less than I used to                                 | 2   | Not very often   | 1 |
|   | Hardly at all  | 3   | No, not at all   | 0 |
| 3. I have blamed myself unnecessarily when things went wrong: |  | 8. I have felt sad or miserable:                      |  |   |
| Yes, most of the time   | 3  | Yes, most of the time                                 | 3  |   |
| Yes, some of the time   | 2  | Yes, quite often                                      | 2  |   |
| Not very often  | 1  | Not very often  | 1  |   |
| No, never   | 0  | No, not at all  | 0  |   |
| 4. I have been anxious or worried for no good reason:         |  | 9. I have been so unhappy that I have been crying:    |  |   |
| No, not at all  | 0  | Yes, most of the time                                 | 3  |   |
| Hardly ever   | 1  | Yes, quite often                                      | 2  |   |
| Yes, sometimes  | 2  | Only occasionally                                     | 1  |   |
| Yes, very often   | 3  | No, never   | 0  |   |
| 5. I have felt scared or panicky for no very good reason:     |  | 10. The thought of harming myself has occurred to me: |  |   |
| Yes, quite a lot  | 3  | Yes, quite often                                      | 3  |   |
| Yes, sometimes  | 2  | Sometimes   | 2  |   |
| No, not much  | 1  | Hardly ever   | 1  |   |
| No, not at all  | 0  | Never   | 0  |   |

TOTAL SCORE: \_\_\_\_\_

See Score Interpretation and Care OVER

# A screen is a... screen...

- **Do not ignore intuition/gut feelings**
- **Take note of what you see and know**
  - History of depression, especially ppd, excessive anxiety, not sleeping or eating, looks sad--‘Smiling Mask’, lack of support, stress levels
- **Follow-up when there is a concern**
  - To public health
- **Refer if in doubt**
  - Doctor or Mental Health Services
  - *“I have screened your patient \_\_\_\_\_ and I believe that she may be depressed. I am referring her to you for further assessment and follow-up.”*



# RECOMMENDATION # 3

## 1. Prioritize

- *Pregnant and postpartum women in mental health services*
  - *Still not being done in all regions*
    - *Admission system doesn't include pregnancy*
  - *Dual disorders*
  - *Alcohol a depressant, treat both*
  - *Do prioritize pregnant women*

# RECOMMENDATION # 3

## 2. Increase treatment options

- *Shortage of counsellors, particularly in rural/remote areas*
  - *Robot –Doc in Box, remote presence project*
- *Online Therapy - CBT*
- [www.onlinetherapyuser.ca](http://www.onlinetherapyuser.ca)
- *Listening visits-short term relief*
- *Exercise*
- *Light therapy*
- *Sleep*
- *Peer and group support-very effective*
- *TLC*
- *MMH Toolkit(s)*

# RECOMMENDATION # 3

## 3. Medications

- *Sometimes necessary to stabilize mood so that can participate in other therapies*
- *Don't come off or taper, may need increase*
- *MEDSASK*
  - *(306) 966-6378 [Saskatoon]*
  - *1-800-665-DRUG*
- *Mood stabilizers for depression*

**Combination of approaches**

# Maternal Wellness Program

- **Healthline 811**
- **PHN referral for maternal mental health and perinatal loss**
  - Outbound calls
- **Emotional support, coping strategies, community resources**
  - Short term immediate counselling
  - Will call until permanent connections in place - between appointments if needed
  - Transfer to RN if health issues with child
  - Achieved all regions on World Maternal Mental Health Day May 3, 2017!
  - Will extend as \$\$ permit
  - Only pp women



# Maternal Mental Health Toolkit

## EPDS SCORE <10= UNLIKELY DEPRESSED

*Confirm absence of depression/anxiety, or harm thoughts*

### Promote Positive Mental Health:

- Discuss any concerns she may have
- Nurture emotional, mental, physical, and spiritual health
- MMH infocard and discuss handouts: (Emotions, Sleep & Rest, Food & Mood, Family & Friends, Stress Busters, Self-Care, Exercise)
- Promote confidence

## QUESTIONS 3, 4, 5 SCORE >4= PROBABLE ANXIETY

*Confirm score. (EPDS question 10)*

### Take Action:

- Discuss any concerns she may have
- Share your concerns with your supervisor
- Increase contact with visits or phone calls
- MMH infocard and discuss handouts: (Anxiety & Worry, Emotions, Sleep & Rest, Food & Mood, Family & Friends, Stress Busters, Self-Care, Exercise, Treatment)
- Encourage relaxation (Stress Busters handout)
- Encourage family involvement (Family & Friends handout)
- Repeat EPDS in 2 weeks

## EPDS SCORE 10-11= POSSIBLE DEPRESSION

*Confirm score. (EPDS question 10)*

### Take Action:

- Share concerns with counsellor
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- MMH infocard and discuss handouts: (Anxiety & Worry, Emotions, Depression, Sleep & Rest, Food & Mood, Family & Friends, Stress Busters, Self-Care, Exercise, Treatment)
- Encourage relaxation (Stress Busters handout)
- Encourage family involvement (Friends & Family handout)

## EPDS SCORE ≥12= PROBABLE DEPRESSION

*Confirm score. (EPDS question 10)*

### Assess risk to children:

*"In Need of Protection" and "Duty to Report."*

### Take Action:

- Notify counsellor immediately
- Suggest she contact her family doctor or nurse practitioner
- MMH infocard and discuss handouts: (Depression, Sleep & Rest, Food & Mood, Family & Friends, Stress Busters, Self-Care, Exercise, Treatment)
- Encourage family involvement (Family & Friends handout)
- Increase contact – more frequent visits & phone calls

**Offer EPDS to partner**

## POSITIVE QUESTION 10 = POTENTIAL HARM

*Confirm Score. ASIST*  
Call supervisor immediately, do not leave her alone

### Assess Harm Intention:

1. Has she had previous harm attempts or harmful behaviours?
2. Does she have a plan to harm self or others (baby, children)?

### Assess for Psychosis

1. *Is she seeing or hearing things that aren't there?*
2. *Is she having strange experiences/sensations*
3. *Are her speech or thoughts disorganized?*
4. *Are things that she describes realistic?*

*Assess risk to children: "In Need of Protection" and "Duty to Report."*

### Suspect psychosis or intent to harm?

- Do not leave alone
- Refer to Counsellor
- Notify next of kin and if woman agrees, family/friends
- Contact or take to family doctor, crisis services, and/or emergency room

## COMMUNITY SUPPORTS

Mental Health: 306-446-6500

Battlefords Family Health Centre: 306-937-6840

Primary Health Centre: 306-446-6400

Battlefords Union Hospital: 306-446-6600

Social Services: 306-446-7535

Catholic Family Services: 306-445-6960

[Type text]

Emergency/RCMP 911. Healthline: 811 (24hrs/day)

Saskatchewan Drug Information Services: *Information about medication use in pregnancy or lactation*  
1-800-665-DRUG (3784) or 1-306-966-6340

Other supports:

See: [www.skmaternalmentalhealth.ca](http://www.skmaternalmentalhealth.ca)

EPDS OVER →



1. Anxiety & Worry
2. Breastfeeding & Mood
3. Boundaries
4. Depression
5. Emotions
6. Exercise
7. Family & Friends
8. Food & Mood
9. Loss & Grief
10. Rest & Sleep
11. Self Care
12. Stress Busters
13. Treatment

If you are depressed or anxious, here are some things that can help you feel better.

Experts agree it is better for a pregnant or breastfeeding mother and her baby to treat her anxiety and depression than to leave it untreated. This might involve support groups, counselling, medications, or a combination of these.

**Talk to someone you trust**

- Just talking to someone can help you feel better
- A friend, family, or a support worker is helpful if she or he listens to you and doesn't make you feel judged
  - If you feel worse talking to that person, find someone different to talk with
  - People on Facebook and other sites are not always your true friends; instead of being supportive it can increase your stress and add drama you don't need in your life



**Support Groups**

- Support groups can help you feel less alone
  - Allow you to share your feelings with others who can relate to how you feel
  - Help you to understand what is happening to you
  - Some are available online, but it is important it be facilitated by a counsellor



**Counselling**

- A good counsellor can help you deal with the challenges of pregnancy and becoming a mother
  - The counsellor can help you to solve problems with your partner if you are feeling unsafe or unsupported at home



**Light Therapy**

- Bright light therapy with special light boxes can help improve mood
- Opening your curtains or going for a walk in the daylight can help to improve your mood



**Medications**

- Take medications if your doctor or nurse prescribes them for you
- Do not stop taking a medication without talking to your doctor or nurse first
  - It can be hard to get the same relief from symptoms if you come off the medications
- Be patient
  - It takes a few weeks for antidepressants to work properly, please don't stop taking them if you don't feel better right away
- Your doctor might prescribe a mood stabilizing medication
  - Some mood stabilizing medications can take a few months to reach full dose and for you to feel the full effect on your mood.
- You might need to try a different medication or more than one medication to get the best result
- Information about medications during pregnancy or breastfeeding is available through your health care provider



**Self-care**

- You can do things to improve your mood.
  - See SELF CARE, EXERCISE, FOOD and MOOD, and STRESS BUSTERS handouts

**Emergency support**

- Healthline is available by calling 811. It is a confidential, 24-hour health information and support telephone line, staffed by nurses and social workers



If you are hearing voices or seeing things that are not there or feel you might harm yourself or others, call someone, and go to an emergency department or 811

# RECOMMENDATION # 4

- **Sustainability**
- **Maternal Mental Health Implementation Committee**
  - **Minister of Health and Ministry remain committed and involved**
- **Regional groups**
  - **Not as active as we would like, but some have achieved much**
  - **Prairie North!**

## Australia

- Aboriginal birthing cultural security and caregiver competence
- Resilience in Aboriginal families with maternal depression

## Canada

- Indigenous Birth





- ***Maternal Depression in Syrian refugees recently moved to Canada***

- 12 smiling perinatal women, yet 58% screened + depression
- Love children (mean  $3 \pm 1.5$  aged 1-5)
- Lack of support of female relatives, worry about birth
- Only acknowledge very severe depression
- Stigma for diagnosis and treatment
- Translated Maternal Mental Health Toolkit into Arabic

# Indigenous Birth Network



Presided over by Elder  
Leona Tootosis



World  
Maternal  
Mental  
Health  
Day

[wmmhday.postpartum.net](http://wmmhday.postpartum.net)  
[#maternalMHmatters](https://twitter.com/maternalMHmatters)

- **Saskatchewan 2014**
- **Inaugural: May 4, 2016**
  - Theme [#maternalMHmatters](https://twitter.com/maternalMHmatters)
- **Now: 1<sup>st</sup> Wednesday in May**
  - Close to many Mother's Days and Mental Health Awareness Weeks
- **Collaborated with Marce Society and Postpartum Support International**
  - Skype & WebEx meetings
  - 27 countries
  - [Twitter](https://twitter.com/maternalMHmatters)/[twibbon](https://www.periscope.tv/)/[periscope](https://www.periscope.tv/)



Journée  
Mondiale  
de la Santé  
Mentale  
des Mères

wmmhday.postpartum.net  
#maternalMHmatters



Internationaler  
Tag der  
Psychischen  
Gesundheit  
von Müttern

wmmhday.postpartum.net  
#maternalMHmatters



Dünya  
Anne  
Ruh  
Sağlığı  
Günü

wmmhday.postpartum.net  
#maternalMHmatters



World  
Maternal  
Mental  
Health  
Day

wmmhday.postpartum.net  
#maternalMHmatters



Día  
Internacional  
de la Salud  
Mental  
Materna

wmmhday.postpartum.net  
#maternalMHmatters



**World  
Maternal  
Mental  
Health Day  
May 2, 2018**

**Not enjoying  
pregnancy or being  
a new mother?**

**Tell your doctor or call  
Healthline at 811**

# Canadian Alliance for Maternal Mental Health—national strategy

- *Global Alliance for Maternal Mental Health*
  - UK Maternal Mental Health Alliance



- **Canadian**
  - Professionals across Canada
- **Life with Baby**
  - <https://www.lifewithababy.com>
- **Postpartum Progress**
  - <http://www.postpartumprogress.com>



Canadian Mental  
Health Association  
Saskatchewan  
*Mental health for all*



MotherFirst Maternal Mental Health Strategy of SK and the Canadian Mental Health Association (Saskatchewan Division) Inc. present the 2018

# Our Mothers, Our Future Conference



The 2018 Conference will offer a 2-day certificate training course presented by Postpartum Support International (PSI), as well as Canadian specialists, on the subject.

- Get practical strategies, tools and critical health updates to help you **UNDERSTAND** the latest research and developments in this area
- **DEMYSTIFY** the numerous taboos surrounding perinatal mental health
- **CREATE** effective prevention programs
- **CONNECT** with leaders across the province who are working to make a difference in the life of new mothers and families.

## SPECIAL GUEST SPEAKER, Margaret Trudeau

Margaret Trudeau is a Canadian icon, celebrated both for her role in the public eye and as a respected mental health issues advocate. Margaret tirelessly shares her personal stories to remind others of the importance of nurturing the body, mind and spirit.



### Early Bird REGISTRATION (before April 30/18):

Professionals **\$275.00** | Non-professional (mothers, family members) **\$150.00**

### REGISTRATION after April 30, 2018:

Professionals **\$325.00** | Non-Professional (mothers, family members) **\$175.00**

**MAY 25-26, 2018**  
SHERATON CAVALIER HOTEL, SASKATOON

**REGISTER @ [WWW.SK.CMHA.CA](http://WWW.SK.CMHA.CA)**  
**306-525-5601**

- ***What can you do?***
- ***What more can we do nationally?***

**[angela.bowen@usask.ca](mailto:angela.bowen@usask.ca)**

# Questions?



TODAY'S GRANDMOTHER: YOUR GUIDE TO THE FIRST TWO YEARS

Angela Bowen, RN PhD

**TODAY'S GRANDMOTHER:  
YOUR GUIDE TO THE  
FIRST TWO YEARS**

*Angela Bowen, RN PhD*